



Joint Medication Management Policy – Care Homes (Adults)

Directorate:	Social Care, Health, and Housing (SCHH)		
Division & Service:	Adult Social Care: Care and Support		
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Issue date:	July 2017		
Approved By:	Practice Governance Board	Approved Date:	1/7/2017
Effective From:	July 2017	Version No.	1.1
Next Review:	July 2020		

1. Introduction

- 1.1 The policy sets standards that are required of care staff and managers in the management of medication in a care home agreed, between Central Bedfordshire Council and NHS Bedfordshire Clinical Commissioning Group. It provides guidance to support care providers to develop their individual medicines policies and enables commissioners to set quality standards for contractual agreements.
- 1.2 Central Bedfordshire Council and NHS Bedfordshire Clinical Commissioning Group are committed to the delivery of excellent health care to vulnerable adults for whom they are responsible, either directly or through contractual arrangements. This means that:
- The council will in partnership with NHS Bedfordshire Clinical Commissioning Group ensure that the users of direct and contracted services receive the health care that they need.
 - All service users who have the capacity to do so will receive the advice and assistance needed to manage their own health care.
 - Carers for people without capacity will, where needed, be supported to manage the person's health care.
 - Staff in both direct and contracted services will receive the appropriate training for handling medication and will not undertake any medication tasks outside the boundaries of this policy.

2. Legal and Regulatory Framework

- 2.1 This policy is based on Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission "Essential standards of quality and safety" March 2010 Outcome 9 Management of Medicines. Care providers shall ensure that all staff are working within the above legal framework and that Care Quality Commission registration standards in Outcome 9 are met.
- 2.2 In addition this policy utilises NICE Guidance- Managing Medicines in Care Homes SCI March 2014 (checklist for health & social care staff developing and updating a care homes medicines policy) to inform the development of a medicines policy within a care home. Key recommendations are detailed below:
- 2.3 Care home providers must have a care home medicines policy, which they review to make sure it is up to date, and is based on current legislation, local practice and the best available evidence. Where care organisations provide care in a number of locations it is important that a generic company policy is individualised to reflect practice in each location. The policy should include written processes for:
- sharing information about a resident's medicines, including when they transfer between care settings.
 - ensuring that records are accurate and up to date.
 - identifying, reporting and reviewing medicines-related problems.
 - keeping residents safe (safeguarding).

- accurately listing a resident's medicines at time of admission and thereafter.
- reviewing medicines (medication review).
- ordering medicines.
- receiving, storing and disposing of medicines.
- helping residents to look after and take their medicines themselves (self-administration).
- care home staff administering medicines to residents, including staff training and competence requirements.
- care home staff giving medicines to residents without their knowledge (covert administration).
- care home staff giving non-prescription and over-the-counter products to residents (homely remedies), if appropriate.

3. Principles of the Joint policy

- 3.1 Whenever possible, service users should take responsibility for their own medicines. This preserves independence and freedom of choice. They should be empowered to self-administer medication wherever possible and be involved in planning their treatment to the maximum level of their capacity.
- 3.2 Medicines administration shall be safe, effective and timely and in a way that preserves the dignity and privacy of the individuals. The best interests of the service user shall be considered at all times.
- 3.3 Care staff who help people with their medication are trained as required by the Care Quality Commission. Training should include the learning outcomes described in Appendix 1 which fits with Skills for Care and QCF qualification framework including modules HSC3047 and ASM34.
- 3.4 It is essential that all who handle medicines are competent to do so and are regularly assessed by senior staff to ensure good practice is being maintained. Any concerns must be raised promptly with the line manager who will take appropriate action which may require contact with healthcare professions in line with policies.
- 3.5 It is expected that all care providers will follow the principles of this Medicines Policy in line with their own policies and procedures in all aspects of medicines handling.
- 3.6 Care staff shall respect the service user's right of refusal of medication and any need for covert administration shall be addressed through the policy section on covert administration.
- 3.7 Care staff should aim to minimise the risks of excess medication in the Care home environment and also wasted medicines, by identifying the presence of apparent excess medication. This may be indicative of inappropriate ordering of medication and a healthcare professional should be contacted to review if necessary.
- 3.8 Care provider organisations shall maintain a register of signatures used by care staff in medication records. There should be accurate records kept of every action relating to medicines undertaken by a Carer.

- 3.9 Adherence to policies and procedures must be systematically audited at least annually or when new legislation is introduced, including identification of risks, to ensure that the Care home is meeting the needs of each service user safely.

4. Legislation and regulatory Framework

- 4.1 This policy has also been produced to clarify the responsibility of care staff in undertaking medication tasks for service users. Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities 2009) Regulations 2010 states that “The registered person must protect service users against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the obtaining, recording, handling using, safekeeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity”.
- 4.2 This policy provides over-arching guidance but it is expected that providers will provide procedural guidance in their policies which will direct consistent practice and make the policy a working document.

5. Scope, Definitions and Related Policies

- For the purposes of this guideline the terms below are explained.
 - **Care home** covers the provision of 24-hour accommodation together with either non-nursing care (for example, a residential home) or nursing care (for example, a care home with nursing). A ‘care home’ can be of any size (number of residents) or have any type of resident but should be a registered provider of care (for example, in England with CQC).
 - **Care home provider** is used for the registered provider of care. If regulation or practice differs between different types of care homes (for example, an adult’s care home, a non-nursing care home or a nursing care home), then the type of care home is specified in the text. Providers are organisations that directly provide health or social care services (such as a care home).
 - **Care home staff** includes registered nurses and social care practitioners working in a care home. The term ‘Carer’ or care worker is used for an informal or unpaid Carer.
 - **Health and social care practitioners** is used to define the wider care team, including care home staff (registered nurses and social care practitioners working in care homes), social workers, case managers, GPs, pharmacists and community nurses. When specific recommendations are made for a particular professional group, this is specified in the recommendation, for example, ‘GPs’.
 - **Pharmacist** is used for all pharmacists, primary care pharmacists, care home pharmacists and supplying pharmacists. Primary care pharmacists work in the primary care setting and may have a role working with care homes. Care home pharmacists have a dedicated role working in care homes. Supplying pharmacists work in a community pharmacy or may be more remote suppliers operating from registered premises.

- **Residents** or 'care home residents' are individual people who live in care homes in the context of this policy.
- **Organisation** includes all commissioners and providers (including care home providers), unless specified otherwise in the text.
- **Commissioners** are those individuals who undertake commissioning, which is 'the process used by health services and local authorities to: identify the need for local services; assess this need against the services and resources available from public, private and voluntary organisations; decide priorities; and set up contracts and service agreements to buy services. As part of the commissioning process, services are regularly evaluated'.

6.0 Equality and Diversity

- 6.1 The Council has a statutory duty to have due regard to the need to promote disability, race and gender equality.
- 6.2 The Council should also be proactive about putting in place arrangements to ensure that they do not unfairly discriminate against individuals on the grounds of their age, religion, personal relations or living and caring arrangements, or whether they live in an urban or rural area. Equality should be integral to the way in which social care is prioritised and delivered.

7.0 Information and Training Responsibilities

- 7.1 Appendix 1 details the core learning outcomes for all care staff and staff must be assessed against these outcomes. A record of the assessment should be evidenced in their personal development records.
- 7.2 An on-going training plan must be implemented as part of staff development and care agencies must provide appropriate support, training, assessment of competence and specify when reviews and further training are required e.g. spot checks and supervisions.
- 7.3 The purpose of the competency assessment is to ensure the Carer can confidently and correctly prompt, assist or administer medication or carry out related tasks for the Service User in line with 'Outcome 9' of the CQC regulations. Organisations governed by other regulatory authorities should follow their own guidance on recording training and competence assessment. All training, observations and assessments should be recorded for service monitoring and audit purposes.
- 7.4 Once assessed as competent the Carer will be able to Prompt, Assist or Administer with the medication and related tasks listed below;
- Inhaled medication (e.g. for asthma).
 - Oral medication and homely remedies in the form of tablets, capsules or mixtures. This will include controlled drugs and warfarin.
 - Medicated cream or ointment.
 - Patches.



Central Bedfordshire Council



Bedfordshire Clinical Commissioning Group

- Eye, ear or nose drops.